

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**DO NOT WRITE
ON THIS STUB**

AMENDED

Registration District No. 267 Primary Registration District No. 3089 Registrar's No. 242

STATE FILE NUMBER

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hiway 84 Rt. 1	
Length of stay in lb 1 day		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hosp.		d. STREET ADDRESS Randolph Road Hayti Rt. 1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH		Month	Day	Year
Homer		Virgile	Poplin		Dec.		12	1963	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday)	10. IF UNDER 1 YEAR		10. IF UNDER 24 HR	
Male	White			Sept. 13	1892	71	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
Machine Operator		Dillman Veneer Co			Bernie, Mo.		U.S.A.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
Green Louis Poplin			Mary Ellen Dickerson			Dead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT		Address		
No					Joanie Hendrix Ridgley, Tenn.				

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	Cerebral Vascular Accident	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b)	ASVD
	DUE TO (c)	
		30 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CERTIFICATE	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL	20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 10-26-59 to 12-12-63 and last saw him alive on Dec 12, 63.
Death occurred at 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. H. Halden</i>	(Degree or title)	22b. ADDRESS 2231 Th. 1st St.	22c. DATE SIGNED 12-13-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/13/63	23c. NAME OF CEMETERY OR CREMATORY Madie Cemetery	23d. LOCATION (City, town, or county) Ridgely, Tenn.	(State)
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24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
H.S. Smith Funeral Home C'Ville, M		12-16-63	Charlotte E. Shown

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

1

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address

Caruthersville, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.